

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-1-13

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$289,263	5.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI loss costs as filed in circular IL-2012-01 and approved in IL-2012-04.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Allied Property & Casualty Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-1-13

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$448,688	5.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI loss costs as filed in circular IL-2012-01 and approved in IL-2012-04.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

AMCO Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective July 10, 2013.

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$17,670,441	+0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No, applies to all classes.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We are revising our rates, deviating from the National Council on Compensation Insurance

(NCCI) 1/1/13 rates. Preferred classes (listed on cover letter) are deviated +50% from NCCI advisory rates. Standard B classes
(listed on cover letter) are deviated +75% from NCCI advisory rates. All other classes are deviated +59% from NCCI advisory rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Auto-Owners Insurance Company

Name of Company

Jennifer L. Smith, Manager

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-1-13

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$31,382	3.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the NCCI loss costs as filed in circular IL-2012-01 and approved in IL-2012-04.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Depositors Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective October 1, 2013.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$1,728,766	0%

Line of Insurance

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: NA

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopt the NCCI 1/1/2013 loss costs and adjust our multiplier.

This will result in no overall change.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Iowa American Insurance Company

Name of Company

Beverly Barber-Compliance

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective October 1, 2013.

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>\$5,476,475</u>	<u>0%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: NA

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adopt the NCCI 1/1/2013 loss costs and adjust our multiplier.

This will result in no overall change.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Iowa Mutual Insurance Company

Name of Company

Beverly Barber-Compliance

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective July 10, 2013.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	\$26,502,788	+0.3%
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No, applies to all classes.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We are revising our rates, deviating from the National Council on Compensation Insurance

(NCCI) 1/1/13 rates. Preferred classes (listed on cover letter) are deviated +36% from NCCI advisory rates. Standard B classes
(listed on cover letter) are deviated +58% from NCCI advisory rates. All other classes are deviated +44% from NCCI advisory rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Owners Insurance Company

Name of Company

Jennifer L. Smith, Manager

Official – Title